•	FOR INFO C.	
FORM		FOR
Rudget Bure	ľ	_

June 1990) DEPARTME	OF THE INTERIOR LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
Do not use this form for proposals to	S AND REPORTS ON WELLS drill or to deepen or reentry to a different reservoir. FOR PERMIT" for such proposals	State Oil / Gas Lease No. 141560 If Indian, Alottee or Tribe Name
SUBM	IT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well: OIL GAS WELL WELL	OTHER Injection well	8. Well Name and Number COOPER JAL UNIT
2. Name of Operator TEXACO EXPLORA	ATION & PRODUCTION INC	242
3. Address and Telephone No. P.O. BOX 730, HOB	BS, NM 88240 397-0426	9. API Well No. 30 025 11149
4. Location of Well (Footage, Sec., T., R., M., or Survey Unit Letter C : 990 Feet From Th	Description) Description Description Description Feet From The	10. Field and Pool, Exploaratory Area JALMAT TANSILL YATES SEVEN RIVERS
WEST Line Section 19	Township 24S Range 37E	11. County or Parish, State LEA , NEW MEXICO
2. Check Appropriate	Box(s) To Indicate Nature of Notice, Re	port, or Other Data
TYPE OF SUBMISSION	TY	PE OF ACTION
Notice of IntentSubsequent ReportFinal Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Attering Casing OTHER: Test casing	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)
Describe Proposed or Completed Operations (Clear directionally drilled, give subsurface locations and m	ly state all pertinent details, and give pertinent dates, including of easured and true verticle depths for all markers and zones perti	estimated date of starting any proposed work. If well is nent to this work,)*.

- 1) Installed BOP, pulled injection tubing.
 2) Cleaned well out to 3191'.
 3) Ran new 2 3/8" cement lined injection tubing w/ 7" packer set @ 2884'.
 4) Test casing/tubing annulus to 500# 30 min. (Chart copy on reverse, original to NMOCD)
 5) 10-04-93: Inj 483 BWPD @ 310#.

14. I hereby certify that the foregoing is true and SIGNATURE		_{TITLE} Engr Asst	DATE 1/30/94
TYPE OR PRINT NAME	Larry W. Joh	nson	
(This space for Federal or State office use)			
APPROVED BY		TITLE	DATE
CONDITIONS OF APPROVAL, IF	ANY:		
Title 18 U.S.C. Section 1001, makes it a representations as to any matter within it		y and willfully to make to any department or agency of the Ur	nited States any false, fictitious or fraudulent statements or

